

Board of Chiropractic Examiners

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CA Relay Service TT/TDD (800) 735-2929

Consumer Complaint Hotline (866) 543-1311

www.chiro.ca.gov



Application for Satellite Office Certificate

Pursuant to California Code of Regulations section 308 you are required to display, in a conspicuous place, for each sub-office where chiropractic treatment is provided a Satellite Office Certificate. Practice cannot commence at a sub-office location until the Satellite Office Certificate is received and conspicuously posted. Your certificate(s) will be mailed to the Satellite Office address listed below, NOT to your primary practice address.

Satellite Office Certificates are non-transferable. Any change to the satellite location, such as moving, requires a new certificate and the former certificate should be returned to the Board. If you request cancellation of a certificate, it is the certificate holder's responsibility to return the original Satellite Office Certificate to the Board.

The fee for each Satellite Office Certificate is \$5.00. If you have more than three satellite locations, you must obtain additional forms. If you are a traveling chiropractor and conduct your practice out of an automobile or motorhome, you are not required to have this certificate. THIS APPLICATION IS NOT TO BE USED AS A RENEWAL FORM.

Please print in ink or type

Name and primary practice address where your chiropractic license is displayed:

Last	First	Middle	DC License Number
Primary Practice Address	Number	Street	City State Zip Code
Telephone number ()			

Address for Satellite Office Certificate:

Number	Street	City	State	Zip Code	Office use only
					Sat. No. _____
Telephone number ()					Issue date _____
					Issued by _____

Address for Satellite Office Certificate:

Number	Street	City	State	Zip Code	Office use only
					Sat. No. _____
Telephone number ()					Issue date _____
					Issued by _____

Address for Satellite Office Certificate:

Number	Street	City	State	Zip Code	Office use only
					Sat. No. _____
Telephone number ()					Issue date _____
					Issued by _____

I certify under penalty of perjury that the foregoing is true and correct.

Original Signature

Date

Receipt No. _____
Date cashiered _____
Amount paid _____